Kentucky Hospital Association

Representing Kentucky Health Care Organizations

May 30, 2008

Honorable Henry A. Waxman
U.S. House of Representatives
Chairman, Committee on Oversight and Government Reform
2157 Rayburn Office Building
Washington, DC 20515-6143

Dear Mr. Waxman:

The Kentucky Hospital Association (KHA) represents all 127 hospitals in the Commonwealth of Kentucky. On behalf of those hospitals, we appreciate the opportunity to respond to your inquiry regarding the activities Kentucky hospitals and our Association are engaged in to prevent and address healthcare-associated infections (HAIs). As an active leader in promoting the adoption of best practices among hospitals to reduce healthcare-associated infections, KHA welcomes this opportunity to discuss our efforts.

Kentucky hospitals take infection control very seriously. The Centers for Disease Control (CDC) in conjunction with the Health Care Infection Control Practices Advisory Committee has developed extensive guidelines for infection control procedures in hospitals. The CDC's Prevention Guidelines are a cornerstone for infection control programs in Kentucky hospitals. Kentucky hospitals develop, implement, and maintain an infection control program for the prevention, control, and investigation of infections and communicable diseases. The programs include implementation of nationally recognized systems of infection control guidelines to avoid transmission of infections and communicable diseases and to identify their sources. Hospitals follow evidence based practices and constantly re-examine procedures and study the hospital environment to lower the risk of infection. These programs are dynamic and seek process improvements in a continuing effort to improve quality.

Question 1. ***Rates of Central line-associated bloodstream infections in the intensive care units.***

At this time, Kentucky does not collect statewide data on central line bloodstream infections. However, each Kentucky hospital collects its own internal data. We believe that the majority of hospitals are using CDC definitions for data collection, and many are voluntarily using the National Healthcare Safety Network (NHSN) system to report national data.

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KHA and Kentucky hospitals do not believe that mandatory data reporting is necessary for hospitals to achieve quality improvement. The majority of Kentucky hospitals are small and rural: 75% of hospitals are located in a rural area, the majority have fewer than 100 beds, and 30% are critical access hospitals. The imposition of a new federal mandatory reporting system would place a significant burden on Kentucky's hospitals. We believe that it is more effective for the Association and hospitals to focus on dissemination of best practices, education, and establishment of learning networks to achieve real gains in improvement rather than mandatory data reporting since individual hospitals have their own internal data by which to monitor their own performance.

In addition, KHA and its members are concerned that publishing infection rates would be misleading to the public. Currently there is no standardized system for defining healthcare associated infections, collecting, analyzing, comparing, and publicly reporting hospital infection data. Often, this data is not risk adjusted to account for the fact that history of antibiotic use and chronic disease places some patients at higher risk to develop an infection, even if best practices are followed. Also, the presence of infection on admission is not always noted by the admitting physician. Finally, variations in coding accuracy can produce skewed results which could lead the public to make inaccurate assumptions about the quality of care among hospitals.

Question 2. ***If rates are unknown, are there plans to replicate the Michigan Hospital Association program?***

KHA and Kentucky hospitals have undertaken efforts directed at reducing the incidence of central line bloodstream infections through the Institute for Healthcare Improvement (IHI) 100,000 Lives and 5 Million Lives Programs. Seventy-four percent (74%) of Kentucky hospital ICU beds are located in hospitals that are participating in the IHI program. KHA serves as the statewide manager for program implementation ("Node") for the IHI initiatives. In that role, we recruit hospitals to participate in the program and to adopt the IHI best practices. We provide ongoing education on use of the central line bundle and other quality improvement interventions promoted by the IHI. For example, in 2005, KHA hosted our first IHI statewide seminar featuring education on implementation of the central line bundle, including presentations by in-state hospitals recognized for their success at implementing processes to reduce these infections. These hospitals serve as mentors to other hospitals across the state.

KHA promotes that Kentucky hospitals adopt the same evidence based best practice clinical guidelines being promoted in Michigan without the added cost to the hospitals and the Association for data reporting. While the Michigan Hospital Association program produced impressive results for this type of infection, KHA and Kentucky hospitals believe that similar results can be achieved by promoting adoption of clinical best practices through education and information sharing.

Question 3. ***Other activities being undertaken to address healthcare-associated infections.***

Kentucky hospitals follow CDC and Joint Commission recommendations for establishing their infection control and prevention plans based on their own internal and local community risk assessments. Based on these assessments at the local and state level, Kentucky hospitals have identified a wide variety of quality improvement efforts upon which they focus. These include both infection-related programs as well as other efforts to improve patient safety:

Statewide MRSA Collaborative – MRSA has been identified as the top priority of Kentucky hospitals and KHA. This year, KHA spearheaded a statewide collaborative in partnership with the Kentucky Department for Public Health, the Kentucky QIO, University of Louisville, and the University of Kentucky. This collaborative will commence with a statewide MRSA educational summit this summer for not only hospitals but long term care providers, first responders, educational and athletic leadership, law enforcement, and other key community stakeholders. Evidence based practices for each setting will be promoted, including web based educational tools. A hospital-specific collaborative within this effort will gather baseline and on-going data to gauge improvement and adoption of best practices as well as to determine the types of resources and assistance that is needed to assist the smallest 25 bed hospital up to large systems. The collaborative will also promote hospital participation in the NHSN for the collection and benchmarking of infection data.

Surgical Care Improvement Project – In 2003, Quality Surgical Solutions, a Kentucky-based company, was selected to pilot the SCIP project. Fifteen Kentucky hospitals and 200 surgical specialists participated as part of this national pilot. The results of the pilot program were used to implement best practices and data collection on a national level. Since the SCIP program was nationally adopted, all Kentucky hospitals paid under the inpatient prospective payment system have been submitting data on the SCIP measures through the CMS Hospital Compare program. Additionally, all Kentucky acute hospitals voluntarily participate in Hospital Compare.

KHA Quality Benchmarking Program – Since 2002, KHA has developed and operated a quality benchmarking program for rural hospitals with the goal of providing quality related data for comparison and improvements among small, rural peer groups in Kentucky. Hospitals report data on a quarterly basis to KHA on indicators they select and update periodically. The program measures adoption of clinical best practice guidelines for diseases gauged to those which are frequently treated in small, rural hospitals. The oversight committee for the project is currently evaluating the inclusion of infection measures for 2009. Most importantly, the participants use this program to share effective improvement strategies between hospitals.

Expanded Surgical Time Out – While Kentucky's hospitals are already following the surgical time out protocol for patient identification and verification of operative site, a limited number of Kentucky hospitals are piloting an expansion of this process to further

improve patient safety by collecting data on prophylactic antibiotic use, normothermia, euglycemia, β-Adrenergic blockade, and venous thromboembolism. KHA worked to obtain grant funding to expand hospital participation in this pilot program over the next year which will collect data to document compliance with best practices and patient outcomes. Based on the results, the program is anticipated to be expanded to all hospitals providing surgical care statewide.

Standardized Wristbands - In 2006, the Louisville area hospitals recognized the need to standardize utilization of colored wristbands to reduce errors related to nursing staff and physicians rotating through multiple facilities that were using different colors for different conditions. The hospitals agreed upon a standard set of colors that was implemented by each of the facilities. KHA has since conducted a statewide survey to ascertain the variation statewide in the use of wristbands and plans to implement a policy statewide.

Standard Overhead Codes – As part of KHA's hospital emergency preparedness activities, variation in overhead codes being used in hospitals was determined to be confusing between staff working in several different hospitals as well as during an emergency. KHA's preparedness department conducted a national survey to ascertain commonality of codes being used. KHA adopted a common set of codes which was distributed to hospitals statewide for their implementation.

Patient Safety Organization - In response to the passage of the Patient Safety and Quality Improvement Act in 2005, KHA is working to form a Kentucky Center for Patient Safety to be a federally certified patient safety organization (PSO) whose mission will be to improve patient safety and the quality of health care delivery. Because all Kentucky hospitals are members of KHA, the PSO's goal is to achieve participation by all hospitals. The PSO will primarily collect and analyze data on serious events and near misses from hospitals and other providers and will disseminate recommendations for improvement in care delivery. The Center will offer related services to encompass continuous quality improvement, collaborations, technical assistance, pay for performance, and other emerging concepts.

KHA Annual Quality Conference – Each year, KHA holds a well attended statewide quality conference featuring national speakers on timely patient safety and quality improvement topics. This conference targets administration and clinicians alike to promote quality improvement on both an organizational level and at the patient care level.

Patient Safety Committee – Following the release of the IOM report on patient safety, Kentucky hospitals recognized the need to more formally focus on quality improvement and patient safety efforts. KHA established a permanent Patient Safety and Quality Committee comprised of administrators and clinical representatives to set KHA's quality improvement priorities.

The many activities that KHA and other state associations have undertaken demonstrate that state hospital associations are well-positioned to provide the

necessary leadership to gain widespread adoption of strategies and methods to improve quality and patient safety. The work of state hospital associations directed at combating infections should be part of any national effort to address healthcare associated infections. In Kentucky, the fact that 100 percent of the hospitals are members of KHA is testament to the position of trust that they hold for the association and that they view KHA as the organization that can provide leadership and achieve a common direction for hospitals to address important issues, including quality improvement. KHA has a proven track record of providing assistance to hospitals and has the staff and infrastructure to support additional efforts, including participation in national initiatives and collaboratives.

The biggest stumbling block to expansion of our activities is funding, since we are a dues supported organization with many small members. Therefore, while we believe that significant national gains in infection control and prevention could be achieved through organized state hospital association efforts, it is extremely important that funding be provided to support those efforts, both at the Association and individual hospital level so that small, rural hospitals with limited resources can fully participate. We welcome the opportunity to further collaborate with other state hospital associations, federal agencies and the Hospital Quality Alliance to help advance the improvement in patient care. Please do not hesitate to contact me if you should require additional information or assistance.

Sincerely,

Michael T. Rust
President

Cc: Senator Mitch McConnell
Senator Jim Bunning
Representative John Yarmuth
Representative Ben Chandler
Representative Ron Lewis
Representative Edward Whitfield
Representative Geoff Davis
Representative Harold Rogers